

Bureau of Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS365	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/04/2008
NAME OF PROVIDER OR SUPPLIER ADULT CARE SENIOR HOME, INC.		STREET ADDRESS, CITY, STATE, ZIP CODE 1316 S 16TH STREET LAS VEGAS, NV 89104		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments This Statement of Deficiencies was generated as a result of the annual state licensure survey conducted at your facility on 12/4/08. This survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility for Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006. The facility was licensed for 6 Category 1 beds. The facility had an endorsement to care for elderly or disabled persons. The census at the time of the survey was three. Three resident records were reviewed. One closed record was reviewed. Two employee files were reviewed. There were no complaints investigated during the survey. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiencies were identified:	Y 000	Acceptable POC CEastbrug RW 2/3/09	
Y 070 SS=F	449.196(1)(f) Qualifications of Caregiver-8 hours training NAC 449.196 1. A caregiver of a residential facility must: (f) Receive annually not less than 8 hours of training related to providing	Y 070	Y 070 a) Employee # 1 has been enrolled in a Caregiving Course with ADL Home Care to be held on 1/28/09 and 1/29/09. Employee # 2 has been enrolled in a Caregiving Course with ADL Home Care to be held on 1/28/09 + 1/29/09. See Attachment 1	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

GESM11

TITLE

(X6) DATE

Glenn H. Repallo - administrator 1/26/09

If continuation sheet 1 of 12

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Y 070	Continued From page 1 for the needs of the residents of a residential facility. This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to ensure 8 hours of training related to providing for the needs of the residents was received annually by 2 of 2 employees. Findings include: Employee #1 was hired as the administrator on 9/22/97. Employee #1's record lacked documented evidence of training related to providing for the needs of elderly or disabled persons for the past year. Employee #2 was hired as a caregiver on 9/22/97. Employee #2's record lacked documented evidence of training related to providing for the needs of elderly or disabled persons for the past year. Employee #1 indicated she was aware the training needed to be obtained. Severity: 2 Scope: 3	Y 070	Y 070 Continuation b) All employee files will be reviewed every 6 months to ensure employees have current training related to providing for the needs of the residents. A personnel file checklist will be utilized to determine if trainings are needed. Administrator and employees will be enrolled in training ^{over 6 hrs} training classes prior to expiration dates. The administrator will monitor for compliance. c) 1/23/09	
Y 072 SS=F	449.196(3) Qualifications of Caregiver-Med re-training NAC 449.196 3. If a caregiver assists a resident of a residential facility in the administration of any medication, including, without limitation, an over-the-counter medication or dietary supplement, the caregiver must: (a) Receive, in addition to the training required pursuant to NRS 449.037, at least 3 hours of training in the management of medication. The	Y 072	Y 072 a) Employee # 1, the Administrator has been enrolled in Medication Renewal Course and Testing with ADL Home Care to be held on 2/25/09	

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Y 072	Continued From page 2 caregiver must receive the training at least every 3 years and provide the residential facility with satisfactory evidence of the content of the training and his attendance at the training; and (b) At least every 3 years, pass an examination relating to the management of medication approved by the Bureau. This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to ensure a medication refresher course had been taken and an exam passed every three years by 2 of 2 employees. Findings include: Employee #1 was hired as the administrator on 9/22/97. The record for Employee #1 lacked documented evidence of medication management training/exam for the past 4 years. Employee #2 was hired as a caregiver on 9/22/97. The record for Employee #2 lacked documented evidence of medication management training/exam for the past 3 years. Employee #1 indicated she was aware the training needed to be obtained. Severity: 2 Scope: 3	Y 072	Y 072 Continuation Employee # 2, the caregiver has been enrolled in Medication Renewal Course and Testing with ADL Home Care to be held on 2/25/09. See Attachment # 2 b) All employee files will be reviewed every year to ensure employees have current Medication refresher course and pass the exam every 3 years. A personnel file checklist will be utilized to determine if medication Renewals are needed. Employees will be enrolled in medication renewal classes prior to expiration dates. The Administrator will monitor for compliance. c) 1/23/09	
Y 100 SS=C	449.200(1)(a) Personnel File - Employee Info NAC 449.200 1. Except as otherwise provided in subsection 2,	Y 100	Y 100 a) Personnel files are now in separate binders kept for	

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Y 100	Continued From page 3 a separate personnel file must be kept for each member of the staff of a facility and must include: (a) The name, address, telephone number and social security number of the employee. This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to maintain employee files in separate binders. Findings include: There was one three-ring binder containing documents for both Employee #1 and Employee #2. Employee #1 indicated the binder had been like this "for years." Severity: 1 Scope: 3	Y 100	<i>Y 100 Continuation each member of the staff of the facility which includes name, address, telephone numbers and social security numbers of the employees. See Attachment # 3 b) Personnel files will maintain in separate binders containing documents for each employees. The Administrator will be aware of maintaining separate files for all employees. The Administrator will monitor for compliance. c) 1/23/09</i>	
Y 103 SS=F	449.200(1)(d) Personnel File - NAC 441A NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee. This Regulation is not met as evidenced by: Sec. 10. NAC 441A.375 is hereby amended to read as follows:	Y 103	<i>Y 103 a) Employee #1 who had a history of a positive TB skin test, has now have a documented Annual TB Symptoms check as evidence of a screening for signs and symptoms of TB.</i>	

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Y 103	Continued From page 4 441A.375 1. A case having tuberculosis or suspected case considered to have tuberculosis in a medical facility or a facility for the dependent must be managed in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 2. A medical facility, a facility for the dependent or a home for individual residential care shall maintain surveillance of employees of the facility or home for tuberculosis and tuberculosis infection. The surveillance of employees must be conducted in accordance with the recommendations of the Centers for Disease Control and Prevention for preventing the transmission of tuberculosis in facilities providing health care set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 3. Before initial employment, a person employed in a medical facility, a facility for the dependent or a home for individual residential care shall have a: (a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and (b) Tuberculosis screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination. If the employee has only completed the first step of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered. A single annual tuberculosis screening test must be administered thereafter,	Y 103	y 103 Continuation Employee # 2, who also had a history of a positive TB skin test has now have a documented Annual TB Symptoms check as evidence of a screening for signs and symptoms of TB. See Attachments # 4 A+B b) Annual Tuberculosis Screening test must be conducted to all employees with positive TB skin test. Personnel files will be reviewed every 6 months to ensure employees have current TB screening test and to determine if screening are needed prior to date conducted. the Administrator will monitor for compliance. c) 1/23/09	

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Y 103	<p>Continued From page 5</p> <p>unless the medical director of the facility or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>4. An employee with a documented history of a positive tuberculosis screening test is exempt from screening with skin tests or chest radiographs unless he develops symptoms suggestive of tuberculosis.</p> <p>5. A person who demonstrates a positive tuberculosis screening test administered pursuant to subsection 3 shall submit to a chest radiograph and medical evaluation for active tuberculosis.</p> <p>6. Counseling and preventive treatment must be offered to a person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.</p> <p>7. A medical facility shall maintain surveillance of employees for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculosis screening test shall report promptly to the infection control specialist, if any, or to the director or other person in charge of the medical facility if the medical facility has not designated an infection control specialist, when any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee shall be evaluated for tuberculosis.</p> <p>Based on record review and interview, the facility failed to ensure annual surveillance for</p>	Y 103			

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Y 103	Continued From page 6 Tuberculosis (TB) had been performed for 2 of 2 employees. Findings include: Employee #1 had a history of a positive TB skin test. The record contained a statement by Employee #1's physician indicating the employee had a negative chest x-ray in 2005. The record lacked documented evidence of a screening for signs and symptoms of TB for the past year. Employee #2 had a history of a positive TB skin test. The record contained a statement by Employee #2's physician indicating the employee had a negative chest x-ray in 2005. The record lacked documented evidence of a screening for signs and symptoms of TB for the past year. On 12/4/08 at 10:45 AM, Employee #1 indicated she was not informed regarding the use of the signs and symptoms screening form. Severity: 2 Scope: 3	Y 103		
Y 105 SS=D	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to maintain complete personnel files for 1 of 2 employees (#1).	Y 105	<i>Y 105 a) Employee #1, the Administrator, had been fingerprinted 8/6/08, has now submitted documents 1/5/09 to the Records of Technology Division for state and FBI Criminal background check and awaiting evidence of results. See Attachment # 5</i>	

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Y 105	Continued From page 7 Findings include: Employee #1 was hired as the administrator on 9/22/97. The record contained state and FBI criminal background check results from 2002 and 2003, respectively. The record for Employee #1 contained a set of fingerprints dated 8/6/08. The record lacked documented evidence of results of a current criminal background check (required every five years). Employee #1 acknowledged the criminal background check was due and she was in the process of obtaining it. Severity: 2 Scope: 1	Y 105	Y 105 Continuation b) All employees files will be reviewed every year to ensure employees have current background check as evidence of regulation compliance. A personnel file check list will be utilized and reviewed accordingly to determine if re-certifications are needed. Employees will be fingerprinted prior to expiration dates. The Administrator will monitor for compliance. c) 1/23/09	
Y 151 SS=F	449.204(1)(b) Insurance NAC 449.204 1. A residential facility shall: (b) Maintain a contract of insurance for protection against liability to third persons in amounts appropriate for the protection of residents, employees, volunteers and visitors to the facility. This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to maintain a contract of insurance. Findings include: The contract of insurance that had been in effect	Y 151	Y 151 a) AdultCare Senior Home has now maintain a contract of Liability Insurance from Sierra Professional Mabhay effective 1/26/09, for	

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Y 151	Continued From page 8 had an expiration date of 9/14/08. Employee #1 acknowledged the contract had expired on 9/14/08. Severity: 2 Scope: 3	Y 151	y 151 Continuation protection against liability of residents, employees, volunteers and visitors to the facility. See Attachment # 6	
Y 850 SS=D	449.274(1)(a) Medical Care of Resident NAC 449.274 1. If a resident of a residential facility becomes ill or is injured, the resident's physician and a member of the resident's family must be notified at the onset of the illness or at the time of the injury. The facility shall: (a) Make all necessary arrangements to secure the services of a licensed physician to treat the resident if the resident's physician is not available. This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to notify the physician after an injury for 1 of 3 residents (#2). Findings include: Resident #2 was a 70 year-old male, admitted on 8/13/96, with diagnoses including coronary artery disease, congestive heart failure, hypertension, seizure disorder and history of a stroke. On 11/30/08 in the evening, Resident #2 fell while	Y 850	b) The facility will maintain a contract of insurance for protection against liability to third persons in amounts appropriate for the protection of residents, employees, volunteers and visitors to the facility. The facility will acknowledge yearly contract of insurance either from agents or through a file checklist to determine contract are being met prior to expiration. The Administrator will monitor for compliance. c) 1/26/09	

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Y 850	Continued From page 9 in the bathroom and sustained a laceration over his left eye (on the eyebrow). On 12/4/08, the area around the left eye was discolored yellow. According to the incident report, Resident #2's physician was not notified of the incident. Employee #1 admitted they had not contacted the physician to advise of the fall and injury, saying, "He didn't want us to call." Severity: 2 Scope: 1	Y 850	Y 850 a) Resident #2's incident had been reported to Primary Care Nurse Practitioner on 1/9/09. See Attachment #7. Nurse Practitioner gave instructions for injured resident and Administrator acknowledge and observed any significant signs and symptoms caused by injury.	
Y 878 SS=D	449.2742(6)(a)(1) Medication / Change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order. This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to administer medications as prescribed by a physician to 1 of 3 residents (#3). Findings include: Resident #3 was a 58 year-old male admitted to the facility on 12/22/07 with diagnoses including	Y 878	b) The facility will follow-up on the incident reports and will notify physicians and family at the time of any injury or onset of any illness. The administrator will make all necessary arrangements or calls to report any injuries or illness. The Administrator will monitor for compliance. c) 1/23/09	

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Y 878	Continued From page 10 hypertension, chronic pain and glaucoma. Resident #3's record contained an order reading "Tramadol 50 milligrams one tablet every 4 to 6 hours as needed for pain." The medication administration record (MAR) indicated Resident #3 was receiving the medication every day at 8:00 AM and 5:00 PM. Employee #1 indicated Resident #3 was given the medication twice a day at the same time because "...that was when he always asked for it." Severity: 2 Scope: 1	Y 878	Y 878 a) Resident #3's medication Tramadol 50 mg i tablet every 4-6 hours as needed for pain had been changed to Tramadol 50 mg i tablet twice a day and has adequate pain control started 12/8/08. Medication is still given every day at 8:00 AM and 5:00 pm. See Attachment # 8.	
Y 936 SS=D	449.2749(1)(e) Resident file NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to ensure the required Tuberculosis (TB) screening was completed annually for 1 of 3 residents (#1). Findings include:	Y 936	b) All medications should be reviewed every month and administer as prescribed by the physician. Since Resident #3 had been asking for pain meds twice a day, physician should be notified for the sequence medication administration Record will be check together with their bottles for any changes in the amount or time medication is to be administered to residents.	

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Y 936	Continued From page 11 Resident #1 was an 88 year-old female, admitted on 1/16/00, with diagnoses including arthritis and depression. The record for Resident #1 contained documented evidence of a history of a positive TB skin test. The record contained a statement by the resident's physician indicating the resident had a chest x-ray in 2005 which was negative for TB. The record lacked documented evidence of a screening for signs and symptoms of TB for the past year. On 12/4/08 at 10:15 AM, Employee #1 indicated she was not aware of the TB signs and symptoms screening form. Severity: 2 Scope: 1	Y 936	<p>Y 878 Continuation The administrator will monitor for compliance. c) 1/23/09</p> <p>Y 936 a) Resident #1 who had a history of a positive TB skin test has now have a documented Annual TB Symptoms check as evidence of a screening for signs and symptoms of TB. See Attachment #9 b) Annual Tuberculosis Screening test must be conducted to all residents with positive TB skin test. Resident files will be reviewed every 6 months to ensure residents have current TB test screening. The administrator will monitor for compliance c) 1/23/09</p>	

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